



Central Oregon Diversity Equity and Inclusion (CODEI) Committee

March 1, 2023; 8:30am – 10:00am

Join by computer: <https://us02web.zoom.us/j/83986249949?pwd=WkQ5MmpiRk12U1JpL2l4WS9iUmFSZz09>

Join by phone: 1 253 215 8782 or 1 669 900 6833

Meeting ID: 839 8624 9949

Passcode: 305212

- 8:30 am - 8:50 am Welcome, Guiding Principles, Introductions
- Relationship Building and Learning Conversation: Women’s Month
- 8:50 am –9:00 am Context setting for 2023-COHC updates
- RHA Community health survey
- 9:00am -10:00 am CODEI Action Plan.
- Charter: Conversation around the Role of CODEI and its leadership

Links to Shared Documents

COHC Webpage:

<https://cohealthcouncil.org/>

Shared Google Drive:

<https://drive.google.com/drive/folders/1Y3-hzNmUV9aZ5rxh9iORVtA4jPp87U2N?usp=sharing>

Regional Health Improvement Currently Funded Projects:

<https://www.centraloregonhealthdata.org/tiles/index/display?id=254047713344660685>

**Next Meeting** –Next Meeting will be on April 5, 2023; 8:30am

## Land Acknowledgment

*We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."*

**Central Oregon Diversity, Equity and Inclusion Committee**

Central Oregon Health Council Committee



As the Central Oregon Diversity, Inclusion and Equity Committee we collectively and individually practice and believe in:

- Solidarity
  - We move toward action in solidarity with our neighbors to actively and positively impact our agencies and communities.
  
- Humility
  - We carry the burden of history and a better future together, responsible to each other and ourselves for the space and energy we give and take.
  
- Curiosity
  - The direction we seek is bigger than any one of ourselves or agencies. We actively work to see a broader perspective, gain deeper insight, self-reflect and work towards equitable representation of diverse identities.
  
- Courage
  - This is courageous work. We choose to lean into the discomfort we experience knowing we grow in understanding and relationships.
  
- Transformation
  - Our lived experiences and need for safety are as true and diverse as we are. It is through invitation, curiosity, and listening that we reach our greatest shared understanding and commitment to transformative action.

# March Women's History Month

In your light I learn how to love.  
In your beauty, how to make poems.  
You dance inside my chest,  
where no one sees you,  
but sometimes I do,  
and that sight becomes this art.

Rumi/Rumi Hugs

# Overview of COHC





Contract



Contract



# What is a RHIP Workgroup?

- **A RHIP Workgroup is a group of people and organizations coming together to focus on a regional priority.**
- **All Workgroups are open to the public.**
- **It is the Workgroup's responsibility to accomplish the aim of the focus area by meeting the supporting metrics.**

# Workgroup's Responsibilities

- Partnering, collaborating, and coordinating with other workgroups, organizations from different sectors, and others in the greater region.
- Aligning strategies through partnerships in the region.
- Informing and improving policy.
- Focusing on people who have been marginalized or live in underrepresented geographic areas.
- Identifying and funding small or large projects.
- Reducing barriers to increase equity.



**Address Poverty and Enhance  
Self-Sufficiency**

**Behavioral Health: Increase Access and  
Coordination**

**Promote Enhanced Physical Health Across  
Communities**

**Stable Housing and Supports**

**Substance and Alcohol Misuse Prevention &  
Treatment**

**Upstream Prevention: Promotion of  
Individual Well-Being**

**2020-2024  
RHIP  
Workgroups**

# How CODEI has impacted the COHC?

## •Prioritize DEIJ at the COHC

- BOD has prioritized DEIJ on the strategic plan (web site)  
<https://cohealthcouncil.org/central-oregon-health-council-commitment-to-diversity-equity-inclusion-and-justice/>

## •Visibility on regional health equity reports

- Several reports in our data website  
<https://www.centraloregonhealthdata.org/resourcelibrary/index/collection?id=256566058735501092>

## •REAL D (Diversity)

- Demographic of the Board members (web site)
- Health council partners (web site)  
<https://cohealthcouncil.org/board-of-directors/bod-demographics/>

## •Provide community trainings related to DEIJ

- Series of training on Tribal culture and relations
- Allyship in Action DEIJ series

## •DEIJ focus on the Grants

- DEIJ is now included in the grant application scorecard

## •Provide DEIJ resources for our community

- DEIJ glossary of terms (web site)  
[https://docs.google.com/spreadsheets/d/1Nu9zLsZC9tnriWCVvgoLPIC9DfL2\\_j0z/edit#gid=474574077](https://docs.google.com/spreadsheets/d/1Nu9zLsZC9tnriWCVvgoLPIC9DfL2_j0z/edit#gid=474574077)

## •What organizations requesting grants are doing to advance DEI

- Questions included now in the grant applications

## •A work plan for CODEI

- We have now a work plan (web site)  
<https://docs.google.com/document/d/1pOPHhOCTWcdAzJOJpmDxk51Aoozg43CADgTGC1zhnN8/edit>

# Health Equity within the Grant Application

## REALD Data Collection

Please select any data your organization collects around Race, Ethnicity, Language, Disability (*REALD*).

### Choices

- Race
- Ethnicity
- Preferred Language
- Disability
- Age
- Gender Identity
- Sexual Orientation
- Not Collected, But Want To
- Not Collected

Each target for the objective should *aim to be written* in SMARTIE format:

- **Specific**
- **Measurable**
- **Achievable**
- **Relevant**
- **Time-bound**
- **Inclusive**
- **Equitable**

Application

Central Oregon Health Council

## Prioritized Population\*

Tell us about the population that your project serves (ex. specific age-range, postpartum females, individuals diagnosed with pre-diabetes, a certain geographic area, etc).

*Character Limit: 1000*

## Equity\*

How does this project meet the characteristic needs of communities experiencing health disparities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and/or sexual orientation?

Share the specific approaches you are using.

*Character Limit: 1000*

## Equity (Continued)

Please explain how the people served by the project are involved in the planning and carrying out of the project.

*Character Limit: 1000*

# Health Equity within the Grant Review Process

## Standard Grant Scorecard

Category (Where to find it in the application)	Points
<b>Project Details (See application Part 3)</b> <ul style="list-style-type: none"> <li>It is easy to understand what the project plans to do.</li> <li>It is clear through data, lived experience, expert advice or other ways that the project is needed.</li> <li>The applicant knows what else is happening in the community to address this need.</li> <li>It is clear how this project impacts Regional Health Improvement Plan Future State Measure(s).</li> <li>If supporting questions are asked, they are addressed clearly and fully.</li> </ul>	__/25
<b>Diversity, Equity and Inclusion (See application Part 3)</b> <ul style="list-style-type: none"> <li>The project includes strategies to meet the characteristic needs of the people being served</li> <li>The people served by this project are involved in the planning and carrying out the project.</li> <li>This project will serve at least 50% people from communities experiencing health disparities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation</li> </ul>	__/25
<b>Evaluation and Sustainability (See application Part 5)</b> <ul style="list-style-type: none"> <li>The evaluation describes how the project will be measured.               <ul style="list-style-type: none"> <li>Measurements can be both qualitative (ex. describing outcomes such as increased awareness, stronger working relationships, etc.) and/or quantitative (ex. numbers of people served, numbers of outreach events held, etc.)</li> </ul> </li> <li>The outcome clearly states how people will be better off because of the project.</li> <li>The project includes multi-cultural measurement such as:               <ul style="list-style-type: none"> <li>testimonials, diary accounts, story telling</li> <li>ways that capture more than words such as photographs, videos, sound recordings</li> <li>open-ended surveys, focus groups, case studies, unstructured interviews</li> </ul> </li> </ul>	__/15
<b>Project Support and Partnerships (see application Part 6)</b> <ul style="list-style-type: none"> <li>This project is supported by other community partners who have clearly worked together on development of this project, and plan to continue throughout its duration.</li> <li>Support and sustainability are clearly demonstrated by one or more: Letter of Understanding, money support, matching, in-kind or volunteer support.</li> <li>Community Partner Support Letter(s) show that everyone owns the work of this project. There is mutual trust and respect. All partners participate in planning, creating and making decisions.</li> </ul>	__/20